Patricia Booker

<table>
<tr><td colspan="7">MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)</td><td colspan="2">SERIAL NO.
10/589640
APPLICANT(S)</td><td colspan="2">FILING DATE</td></tr>
</table>

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						-
4							54						-
5							55						
6							56						
7							57						-
8							58						-
9							59						-
10							60						-
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
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26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32			1				82						
33					1		83						
34	1						84						
35						-	85						
36						-	86						
37						-	87						
38						-	88						
39						-	89						
40						-	90						
41						-	91						
42						-	92						
43						-	93						
44						-	94						
45						-	95						
46						-	96						
47						-	97						
48						-	98						
49						-	99						
50						-	100						
TOTAL IND.	4		4		3		TOTAL IND.						
TOTAL DEP.	30		28		28		TOTAL DEP						
TOTAL CLAIMS	34		32		28		TOTAL CLAIMS						